

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90003 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000037145

1. Corporation Name
 STEVEN R. JAFFE, PA



Principal Place of Business: 10360 N.W. 18TH DR. PLANTATION FL 33322
 Mailing Address: 10360 N.W. 18TH DR. PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 05/15/1993

4. FEI Number: 65-0391812 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property: Yes No

2. Principal Place of Business: 21 2393 Pheasant Lane Weston FLA 33327 USA

2a. Mailing Address: 26 SAME AS - 2393 Pheasant Lane Weston FLA 33327 USA

9. Name and Address of Current Registered Agent
 JAFFE, STEVEN R
 10360 N.W. 18TH DR.
 PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code: FL

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAFFE, STEVEN R	1.2 NAME	
STREET ADDRESS	10360 N.W. 18TH DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed; or on an attachment with an address.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE #: _____

CR2E034 (5/99)

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ARONOVITZ & ASSOCIATES
A PROFESSIONAL ASSOCIATION OF ATTORNEYS

July 6, 1999

Florida Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500


Re: Corporate Annual Return 1999

Dear Sirs:

Please be advised that I have recently received a "Second Notice" for the filing of my 1999 Profit Corporation Annual Report. Please be advised that in January 1999 I moved locations from "10360 N.W. 18 Drive, Plantation, Florida 33322" to 2393 Pheasant Lane, Weston, Florida 33327. Please be advised that I have never received a first notice for the filing of my 1999 Profit Corporation Annual Report. Accordingly, I have enclosed the 1999 Annual Report along with a check payable to the Department of Statement in the amount of \$150. I believe that I should not be penalized and forced to pay \$550 due to the fact that I have never received the first notice.

It is my belief that due to my relocating I never received this notice and the Florida Department of State, Division of Corporations should accept this letter of explanation along with my check for \$150. If this is not acceptable, please contact me immediately. I can be located during the day at 305/372-2772. Thank you for your anticipated cooperation.

Sincerely,



STEVEN R. JAFFE

SRJ:dmm
Encls.